

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/17/03.

I. DISPUTE

Whether there should be reimbursement of \$950.01 for the following dates of service and CPT codes: 8/22/03, CPT 99212; 9/2/03, CPT 98940, 97113, 97012, 99212; 9/3/03, CPT 98940, 97113, 97012, 99212; and 9/4/03, CPT 99215.

II. RATIONALE

These services were denied as, "N-Not appropriately documented" and "L- Not treating doctor approved treatment."

The Requestor states, in their letter dated 12/2/03, "____ was approved to be this patients treating doctor. On 8/1/03, ____ referred his patient to ____, for evaluation and treatment. We believe that our documentation does comply with TWCC medical fee guidelines and that our services should be paid." A copy of the TWCC 53, dated 7/8/03, approving the change of treating doctor was included in the dispute packet. Also, included, was ____'s referral to ____ for evaluation and treatment.

The carrier representative, ____, acknowledged receipt of "Notice of Medical Dispute Resolution" on 11/20/03. The carrier failed to respond.

There was a TWCC-53, Change of Treating Doctor provided from the Requestor. Also, a referral was included, showing ____ referred to ____ for an evaluation and treatment.

Commission Rule 134.202 (b), Medical Fee Guideline (MFG), effective 8/1/03, states that, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section." To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, "For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%."

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Medicare Allowable	MARS (Maximum Allowable Reimbursement x conversion factor of 125%)	Reference	Rationale	
8/22/03	99212	\$41.91	0	N	\$33.53	\$41.91	TWCC Rule 133.304 (c); CPT descriptor	<p>The Carrier denied this date of service as, “N-Not appropriately documented”. The SOAP note submitted for 8/22/03 meets the documentation criteria per reformed Rule and CPT code descriptor.</p> <p>Therefore, reimbursement is recommended in the amount of \$41.91</p>	
9/2/03	98940	\$30.14	0	L	\$24.11	\$30.14	TWCC Rule 180.22 (c) (1)	<p>The Requestor provided a referral showing ____ referred injured worker to ____ for evaluation and treatment.</p> <p>Reimbursement is recommended in the amount of \$383.71.</p>	
	97113	\$312.00	0	L	\$27.70	\$34.63			
	97012	\$20.00	0	L	\$13.77	\$17.21			
	99212	\$41.91	0	L	\$33.53	\$41.91			
9/3/03	98940	\$30.14	0	L	\$24.11	\$30.14			
	97113	\$312.00	0	L	\$27.70	\$34.63			
	97012	\$20.00	0	L	\$13.77	\$17.21			
	99212	\$41.91	0	L	\$33.53	\$41.91			
9/4/03	99215	\$100.00	0	L	\$108.74	\$135.93			
TOTAL		\$950.01						The requestor is entitled to reimbursement of \$ 425.62.	

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of \$ 425.62. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$425.62 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc